

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/805,653-Conf. #9589
	Filing Date	March 19, 2004
	First Named Inventor	Charles E. Rogler
	Art Unit	1632
	Examiner Name	Michael C. Wilson
	Attorney Docket Number	03368/100D888-US3

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Petitioner's client has failed to pay one or more bills rendered by the petitioner for an unreasonable amount of time. 37 C.F.R. 10.40(c)(1)(vi).


CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John L. Harb Office of Biotechnology				
Address	Albert Einstein College of Medicine 1300 Morris Park Avenue				
City	Bronx	State	NY	Zip	10461
Country	US				
Telephone	(718) 430-3357	Email	harb@aecom.yu.edu		
Signature					
Name	Mitchell Bernstein	Registration No.	46,550		
Date	January 4, 2007	Telephone No.	(212) 527-7708		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.